SHORT TITLE: CASE NUMBER:		ASE NUMBER:		
1	ATTACHMENT (Number):		Page	of
2	(This Attachment may be used with any Judicial Counc	cil form.)	(Add pages	as required)
3	RECEIPT OF PUBLIC ASSISTANCE:			
4	1. Name of child			
5	1. Name of child 2. Type of public assistance received 3. Amount per month received			
6	3. Amount per month received 4. Person receiving funds			
7				
8	1. Name of child			
	2. Type of public assistance received			
9	3. Amount per month received 4. Person receiving funds			
10	4. I croon receiving runus			
11				
12	Name of child Type of public assistance received			
13	3. Amount per month received			
14	4. Person receiving funds			
15	1. Name of child 2. Type of public assistance received 2. Amount nor month received			
16	3. Amount per month received			
17	4. Person receiving funds			
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25				
26				
27	(If the item that this Attachment concerns is made under penalty of perjury, all stateme penalty of perjury.)	ents in this Atta	achment are m	nade under